

DMA ADMINISTRATIVE LETTER NO: 18-13, ADDENDUM 3, PROVIDER INSTRUCTIONS FOR PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN

DATE: March 10, 2017

SUBJECT: Provider Instructions for Determining
Presumptive Eligibility for Pregnant Women

DISTRIBUTION: Enrolled Presumptive Eligibility Providers
County Directors of Social Services
Medicaid Eligibility Staff

I. BACKGROUND

The purpose of this letter is to provide the 2017 Federal Poverty Levels income limits for determining eligibility for Presumptive Eligibility for Pregnant Women. These limits are effective April 1, 2017.

II. INSTRUCTIONS

- A. Use income limits in effect 4/1/16 for applications taken prior to 4/1/17.**
- B. Use income limits in effect 4/1/17 for applications taken on or after 4/1/17.**
- C. Continue to follow instructions in DMA Administrative Letter 18-13.**

III. PRESUMPTIVE MEDICAID INCOME LIMIT CHART

Monthly Poverty Income Level

Effective 4/1/17

NUMBER IN FAMILY

196% of the Federal Poverty Level

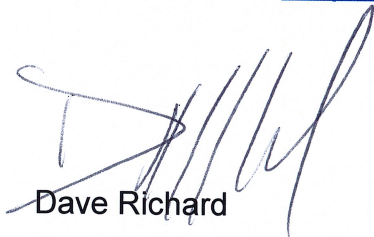
2	\$2,653
3	\$3,336
4	\$4,018
5	\$4,701
6	\$5,384
7	\$6,067
8	\$6,749

For each additional family unit member, add \$683

IV. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective upon receipt. Administrative Letter 18-13, Addendums 1 and 2 are obsolete.

If you have any questions regarding this information, please contact the Operational Support Team at ost.policy.questions@dhhs.nc.gov.



Dave Richard

Deputy Secretary for Medical Assistance

(This material was researched and written by Deirdre Lisman, Medicaid Policy Consultant, Medicaid Eligibility Unit.)